

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
for FY 2005☐ Applicant claims small entity status. See 37 CFR 1.47**TOTAL AMOUNT OF PAYMENT** (\$) 1110.00**Complete If Known**

Application Number	10/523,450
Filing Date	January 31, 2005
First Named Inventor	Maxim Borisovich Belotserkovsky
Examiner Name	Ian N. Moore
Art Unit	2416
Attorney Docket No.	PU020353

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order☐ None ☐ Other (please identify):

Customer Number 24498

☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING LLC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) Fee (\$)

Each independent claim over 3 (including Reissues)

50 25

Multiple dependent claims

200 100

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

360 180

Fee (\$) **Fee Paid (\$)****Independent Claims****Extra Claims****Fee (\$)****Fee Paid (\$)**

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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Extension for response within third month

Fees Paid (\$)

1110.00

SUBMITTED BY

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 260-4599
Signature	<i>Vincent E. Duffy</i>				Date: 1/25/10

This collection of information is required by 37 CFR 1.135. The information is required to obtain patent benefits by the public which is to file (and by the USPTO to process) an application. Confidentiality is guaranteed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take a 30 minute per applicant, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. (DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480. If you need assistance in completing the form, call 1-800-PTO-4199 and select option 2.



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FEE TRANSMITTAL **for FY 2005**

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TOTAL AMOUNT OF PAYMENT (\$) **1110.00**

Complete if Known

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 First Named Inventor Maxim Borisovich Belotserkovsky
 Examiner Name Ian N. Moore
 Art Unit 2416
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2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

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Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

200

360

Multiple dependent claims

100

180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

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Independent Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

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